STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lob	byist(s) <u>M</u> ä	ureen	D. S	mith		······································		
II. Name of lob	byist's parti	iership, f	irm or co	orporation, if	any:			
Orr & Re	eno, P.A	١.						
	(Name of pa	rtnership,	firm or cor	poration)				
45 S. Ma	ain St.	PO B	ox 35	50 Conc	ord	NH		03302
Business Address	: (Street)			(Town/City)		(State)		(Zip Code)
(603) <u>224-2</u> (Telepl		<u> </u>	(603)	224-2318 (Fa		_e-mail_msmi	th@o	rr-reno.com
reportable expe	ense transact	tions which	ch are no	t attributable	to any one			e a separate report for
	ber Gro		ig ili tile i	nonuis prior u	o me reporn	ng date relative to	o uie ioi	lowing chem.
			lient as it a	appears on the L	obbyist Regi	stration Form)		
OR All reportabl unrelated to any			bbyist (ir	ncluding the lo	bbyist's fan	nily), or the lobby	ying firn	n listed below which are
IV. Date of Rep Reports cover:	ort Apri	l 26, 2017 date of re		to 3/31/17		aly 26, 2017 [] From 4/1/17 to 6/30	V17	
		ber 25, 20 from 7/1/1		117		anuary 31, 2018 [<i>from 10/1/17 to 12</i>		
	cked, comple					ions made sinc y of State's Office		nst report. ☑ House, Room 204,
177 CH 1 '6 1	37.0	4	44 1 1					
VI. Check if ad	-			irac van must	file Adden	dum A- Fees and	i Evnans	200
=	paid an hono		•	•			-	of Honorariums or
•		family h	as made p	olitical contri	butions, you	must file Adden	idum C	- Political Contributions
Sworn Stateme I have read RSA and complete to	15, RSA 15	B, RSA I y kn <u>ow</u> le	4-C and		hereby swea	or affirm that th	he foreg	oing information is true
(Signature of lo	bbyist)				-	(1	Date)	
Maureen		h						RECEIVED
(Print Name of	iobbyist)							1111 0 4

JAN 31 2018